



**VISITING STUDENT APPLICATION FOR CLINICAL ELECTIVE
 STUDENTS ENROLLED IN LCME ACCREDITED MEDICAL SCHOOLS**

PLEASE READ THE POLICIES AND PROCEDURES ON THE BACK OF THIS FORM BEFORE COMPLETING

SECTION 1A:

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

_____ Contact telephone # _____

DATE OF BIRTH _____ GENDER _____

Email Address _____ CLASS YEAR _____

I am matriculated at the following College of Medicine:

NAME: _____

ADDRESS: _____

I am applying for the following clinical elective(s):

Course Number	Name of Elective	Period	Dates
_____	_____	_____	_____
Alternate Course #	Name of Elective	Period	Dates
_____	_____	_____	_____
Alternate Course #	Name of Elective	Period	Dates
_____	_____	_____	_____

SECTION 1B:

CERTIFICATION BY APPLICANT'S DEAN

The above student is in good standing at this institution. Has completed all core rotations (Medicine, Surgery, Pediatrics, Psychiatry, OB/GYN). Student (will) (will not) pay tuition at this institution during the period indicated. Liability insurance (does) (does not) cover the student away from this institution. Liability Insurance must be \$1,000,000 per incident and \$2,000,000 aggregate. The student (has) (has not) passed USMLE Step I. The student is authorized to take this elective. At the conclusion of the experience an evaluation (will) (will not) be required.

SIGNATURE: _____ TITLE: _____

NAME: _____ DATE: _____

SCHOOL SEAL MUST BE AFFIXED OVER SIGNATURE

SECTION 2: For SUNY Upstate Medical University Office of the Registrar use only:

Approval of the faculty sponsor is required for a student to be assigned to an elective

Date Email sent _____ Faculty Sponsor _____

Date Approved _____ Date Not Approved _____

**SUNY UPSTATE MEDICAL UNIVERSITY
VISITING STUDENT POLICIES AND PROCEDURES
FOR
STUDENTS ENROLLED IN LCME ACCREDITED MEDICAL SCHOOLS***

I. POLICIES

CLERKSHIPS: Clerkships (required clinical course work) are available only to full-time enrolled students at SUNY Upstate Medical University.

ELECTIVES: A maximum of three elective courses, not to exceed twelve (12) weeks may be taken. (Please use one form per elective).

PREREQUISITES:

1. Meet all course prerequisites prior to applying for elective.
2. Submit official transcript.
3. Have proof of liability insurance.
4. Submit processing fee of \$50.00 (per elective)
5. Have posted a passing score on the USMLE Step I Exam

PRIOR TO THE START OF THE ELECTIVE:

The faculty sponsor must give approval for elective and period to be taken.

II. PROCEDURES

- A. Student completes Section IA of this form.
- B. Student's Dean's Office must complete Section IB.
- C. Student submits the following in one package to the Office of the Registrar, SUNY Upstate Medical University, 155 Elizabeth Blackwell Street, Syracuse, New York 13210:
 1. The completed application form and \$50.00 processing fee (per elective).
Checks should be made payable to: "*SUNY Upstate Medical University*"
 2. Official transcript in sealed envelope.
 3. Proof of liability insurance (if not covered by home institution - See Section I).
- D. Submit the completed Certificate of Health Statement to Student Health Office.
- E. Each student will be expected to locate and pay for their room and board.
- F. Student will receive notification of acceptance.

III. COURSE SELECTION BOOK

Our course selection book and period dates are available on the web at
<http://www.upstate.edu/currentstudents/records/schedules/com.php>

*United States, Canadian, and Puerto Rican Schools accredited by the Liaison Committee for Medical Education of The American Association of Medical Colleges and American Medical Association. Also used by students from Osteopathic Colleges.